

MORTGAGE BROKER CONTINUING PROFESSIONAL EDUCATION

INSTRUCTOR APPLICATION

Please return to:
South Carolina Department of Consumer Affairs
Legal Division
P.O. Box 5757
Columbia, SC 29250-5757

Name: _____ Driver's License No. & State: _____
Mailing Address: _____ Work Phone: _____
City, State, Zip: _____ Home Phone: _____
E-Mail: _____ Fax Number: _____

NOTE: Please continue on an attachment if additional space is needed

Continuing professional education courses I wish to teach (Specific titles): _____

Name, address and telephone number of approved course provider with whom you are affiliated: _____

I have had the following education: _____

I have had the following work experience related to the course(s): _____

I have had the following teaching experience: (state number of hours per year): _____

I have obtained the following teaching certificates: _____

I hold the following licenses: _____
_____ Date first issued: _____
_____ Date first issued: _____

I have enclosed: ☐ resume ☐ video ☐ teaching certificates ☐ other _____, if applicable

I hereby apply for approval as an instructor, and I attest to having qualities of honesty, integrity, and trustworthiness. I have not had any mortgage broker license or instructor approval revoked or suspended, nor have I received a reprimand or a fine from any regulating entity of any state. I have not been convicted of, nor entered a plea of nolo contendere to any criminal offense involving moral turpitude. I have not had any civil judgment entered against me based on fraud, misrepresentation, or deceit.

I have read and agree to comply with the S.C. Mortgage Broker Law and/or Policies of the Mortgage Broker Continuing Professional Education Panel.

Signature & Title

Date